

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

10760-63-041210

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED NOV 7 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY

Lemay

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Firman-Desloge Hospital

Inside Limits

Yes ☐ No ☐

d. STREET

317 Earlsfield Lane

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Lewis

Middle

John

Last

Blair

4. DATE

OF

DEATH

10-26-1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

7-13-1913

9. AGE (last birthday)

50 Yrs

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Maintenance Oiler

10b. KIND OF BUSINESS OR INDUSTRY

Anheuser-Busch

11. BIRTHPLACE (City and state or country)

E. St. Louis Illinois

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John J. Blair

13b. MOTHER'S MAIDEN NAME

Estelle Chartrand

14. NAME OF HUSBAND OR WIFE

Dorothy Blair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Dorothy Blair 317 Earlsfield Lane

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Cardiac Failure

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Ruptured Aneurysm of Circle of Willis

4 wks.

DUE TO (c)

Arteriosclerosis 330X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from October 8, 1963, to October 26, 1963, and last saw her alive on October 26, 1963. Death occurred at 8:05 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Henry E. Lattinville, M.D.

22b. ADDRESS

950 Francis Place

22c. DATE SIGNED

10/29/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

10-30-1963

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olive Cemetery

23d. LOCATION (City, town, or county)

Lemay Missouri

Mo

24. FUNERAL DIRECTOR

ADDRESS

Fendler Und. Co 7420 Michigan Ave (11)

25. DATE REC'D. BY LOCAL REG.

OCT 30 1963

26. REGISTRAR'S SIGNATURE

Lois Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1

2 400a3

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61

61-0

DR. ~~RECEIVED~~
Hampden Mexico Center
FL 125330

Dr Henry Hattinville
950 Francis Pl.
Pa 5-6271

1116 Church St.
Pa 4-1600

St. Johns Hosp. - June 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

V. E. Morris

Licensed Embalmer No.

3360

P. O. Address

St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.